This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05/19/07	Address:	613 S. Locke Street
Case #:	<u>16-17302</u>		Kokomo, Indiana 46901
County:	<u>Howard</u>		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open — No Structure Other:
Items Found: Location (hedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Ffammable Solvents: Basement Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: Basement Corrosive Base: Other (item and location):			
☐ Yes n/s ☐ No *If yes, fax re This repor Fire Depart Health Dep	er age 18 discovered (check one) a (number present) port to Child Protective Services t is to be faxed to the following agen ment: Kokomo F.D. artment: Howard Co. ction Service: N/A	☐ Ephedring ☐ Retail/Mo ☐ Other: <u>La</u>	ocation: 56-7580
For further :	information regarding this methampho	etamine laboratory, co ne <u>765-473-6666</u>	ontact
See that it	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of seene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.